



Town of Carlisle
Office of
BOARD OF HEALTH
66 Westford Street
Carlisle, MA 01741

Tel.: (978) 369-0283
Fax: (978) 369-4521

APPLICATION FOR SEPTAGE HAULER PERMIT

In accordance with MGL c. 111, Section 31B and 310 CMR 15.502 (Title 5), the undersigned makes application to the Board of Health for permission to remove and transport septage and the content of privies and cesspools as set forth below:

NAME			
COMPANY			
ADDRESS			
CITY/TOWN		STATE	ZIP
TELEPHONE		EMAIL	

List below number and types of equipment and their gallon capacity:

List all locations where Septage will be disposed of including a copy of the contract or the approval for use of the disposal location.

<p>FEE: \$125.00 (Payable to Town of Carlisle and non-refundable) PERMIT WILL EXPIRE DECEMBER 31, 2016</p>
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Continue to reverse side

SEPTAGE HAULER APPLICATION
TOWN OF CARLISLE

CERTIFICATION

I certify that the information I have provided above is true and accurate. I recognize that it is a violation of this permit to dispose of septage anywhere other than the identified disposal location or others approved by the Board in writing as an amendment to this permit.

I further certify that pursuant to MGL C. 62C s. 49A that to the best of my knowledge and belief, I have filed all state tax returns and paid all states required under law.

Signature of Individual or Corporate Officer

Date

Social Security Number (voluntary)¹ or Federal Identification Number

¹ Note: Your Social Security number may be furnished to the Mass. Dept. of Revenue to determine whether you have met tax filing or tax payment obligations.